

## **VIRGINIA HEALTH REFORM INITIATIVE**

### **ADVISORY COUNCIL**

#### **SUMMARY OF DISCUSSION OF AUGUST 21 MEETING ON MEDICAID REFORM**

##### **Draft Charge to Medicaid Reform Task Force**

**In August, the Advisory Council established the following facts and shared judgments:**

1. Medicaid spending and spending growth is a major strain on the state budget. At the same time, it is a relatively lean program (compared to other states) that provides access to essential care for a large number of Virginians.
2. PPACA will require Virginia to spend considerably more money each year, in exchange for more coverage and an even larger infusion of federal dollars.
3. Medicaid should not be thought of or reformed independently of the system as a whole. In particular, important interactions occur today between Medicaid and Medicare, private insurance, the extra-Medicaid mental health system which includes Community Service Boards and state inpatient facilities, community health centers, free clinics, and public hospitals, including Veterans' Administration facilities.

**QUESTIONS the AC would like the Task Force to answer for the October meeting:**

1. How can we track eligibility and enrollment for Medicaid and exchange subsidies at the same time for all people who might be eligible for both at different times?
2. How can we design benefit packages that can help make the integration between Medicaid and subsidized private insurance through the exchange as seamless as possible so that patient care remains uninterrupted and coordinated?
3. How should we analyze extra-Medicaid and even extra-health services and spending as part of optimizing effectiveness, quality and health service delivery efficiency for the Medicaid-eligible population?
4. Since seniors and individuals with disabilities are only 30 percent of the Medicaid enrollment but 70% of the Medicaid expenditures, shouldn't more reform discussion focus here?
5. Are we doing all we can and should to combat and reduce fraud?

6. How much of Medicaid spending is discretionary, by program?
7. What percent of Medicaid spend is related to readmissions within 30 days?
8. What fraction of admissions and readmissions come through the ER?
9. What options are there to promote prevention within Medicaid?
10. What options are there to affect/reduce unnecessary utilization?
11. How do Medicaid and the Community Services Boards interact?
12. How is a patient's Medicaid health record built? When does the record start? Is it centrally accessed? As payer what leverage do we have?
13. What percent of physicians do not accept Medicaid in Virginia? By specialty? By region?
14. What percent of Medicaid spend covers medical malpractice insurance across all providers?
15. How do Medicaid drug formularies work? What about retail pharmacies?